# Human Resources (DHR)



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810



2014 JAN 27 AH 10: 21

### DISCLOSURE OF FINANCIAL INTERESTS PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2014

(PRIN	FOR TYPE CLEARLY)		·
NAME	Carolee C. Kubo	POSITION/ELECTIVE OFFICE _	Director
DEPAF	RTMENT/AGENCY Dept. of Human Resources		
NAME	OF SPOUSE Keith Collin K. Kubo		
Check	the appropriate box and fill in any applicable dates:		
	INITIAL STATEMENT: Date on which you assumed off You must file within twenty (20) working days after this		the preceding calendar year.
<b>√</b>	ANNUAL STATEMENT: You are required to file not lat preceding year.	ter than January 31 of each year disclosing a	Il financial interests held during the
	LEAVING OFFICE STATEMENT: You are leaving or har file a statement within ten (10) working days of that date		and must during the preceding calendar year.
, , , , , , , , , , , , , , , , , , , ,	CANDIDATE STATEMENT: You must file no later than disclosing interests held during the calendar year prece		filing as a candidate for office
		VERIFICATION	
knowle	I declare that I have used all reasonable diligence in prodge the information provided in this form is true and corr		Nos. 1 through 9, and to the best of my
Date _	27 dan. , 20 14.	Signature Caralec C.	Kulov

#### **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 - \$399,999	M. \$700,000 - \$799,999
В. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	н. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None	Additional sheets attached
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_	Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F		City & County of Hnl	Director	Jan 2013- present	F
SP		City & County of Hnl	messenger	Feb 2005-present	С
F		HGEA	pension	Jul 2010-present	D
SP		Carpenter's Union	pension	Feb 2005-present	В
			·		

<sup>&</sup>quot;F" for filer

<sup>&</sup>quot;SP" for spouse

<sup>&</sup>quot;DC" for dependent children

<sup>&</sup>quot;JT" for joint interests of the filer and filer's spouse

2.	of consumer goods,	ot report any debts of less than shadever the amount. Do report Additional sheets attached	ort a secured o	bligation such a	s a home mortgage of	a car lo	oan. Do report student loans.
	Person(s) Incurring De	bt Creditor		Original	Loan Amount		Amount Outstanding
F and	SP	Univ. of Hawaii FCU		\$175,000		\$116.	661.41 as of 12/26/13
3.	or more or equal to 10 accounts in federal of	ITERESTS IN BUSINESSES IOW or more of ownership of busing state regulated financial instactions and the state regulated financial instactions.	inesses incorp	orated, regulate	ed, or licensed to carry	on busi	iness in Hawaii. Do not report
	☐ None	Additional sheets attached					
	Owner(s)	Business Name and Address	Nature o	f Business	Percentage of Inte	erest	Value of Interest
F		Chu Partners	Apt. rentals		20%		\$724,600

4. <b>OWNERSI</b> licensed to	HIP OR INTERESTS carry on business in	<b>TRANSFER</b> I Hawaii.	RED. Only report transfers o	f ownerships	or interests in businesses in	corporated, regulated, o
✓ No	ne Addition	nal sheets att	tached			
Ow	nership or Interest		Date of Transfer			
			<u> </u>			
organizatio	n, whether or not op	erated for pr	include, but are not limited to, offt. Fiduciary positions also ons in non-profit corporations	o include bei	directorships, or positions as ng a majority shareholder in	trustee in any business on a small or closely hel
□ No	_	nal sheets att	•			
Position	Holder	Name &	Address of Business or Org	anization	Term of Office	Annual Compensation
en'l Partner	F	Chu Partne	ers 1919 Young St. Hnl, Hl 9	6826	indefinite	none
		1				

6.	CREDITOR INTERESTS	IN INSOLVENT BUSI	NESS worth \$5,00	00 or more.			
	✓ None □	Additional sheets attach	ned				
				<del></del>			
	Holder	N.	ame & Address of	Rusiness	Nature of Busir	1000	Value
	1101461		Address of	Dusiness	Nature of Busin	1622	value
7.	CLIENTS PERSONALLY the preceding calendar yeauthority and do not need	ear. Do not report rep	ORE CITY AGENC resentation involv	IES. Only reporting ministerial m	representation for whatters. "Ministerial	nich you recei matters" do	ived compensation during not require discretionary
		dditional sheets attach	ed				
	Dannaghativa						
	Representative	Clier	nt	City	Agency	Nature	of Representation
			Ī				

Nor	ne Additional s	heets attached			
Owner(s)	Tax Map	Key Number & Stree	et Address	Value	Year Obtained
F and SP	1-2-8-002-010 19	19 Young St. Hnl, Hl	I 96826	\$600,000 own only my house on the property	2009
9. <b>REAL PRO</b> year. For th	is item, indicate the actu	Only report real propert and amount of the transheets attached	operty transferred in saction, even if it is l	the City and County of Honolulu cess than the value (as in the case	during the preceding calenda e of a gift).
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Number	r & Street Address
23/3//2010	BayonBanas			, ax map noy names	



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810

#### RECEIVED CITY CLERK C & C OF HONOLULU

2014 JAN 13 AH 7:48

## PUBLIC DISCLOSURE FORM FOR CALENDAR YEAR 2013

(PRINT	OR TYPE CLEARLY	<b>(</b> )
NAME_	Noel T. Ono	POSITION/ELECTIVE OFFICE Assistant Director
DEPART	MENT/AGENCY	Department of Human Resources
NAME C	F SPOUSE	Myra S. Ono
	NITIAL STATEMEN You must file within to ANNUAL STATEME DIRECTOR OFFICE STATEMENTS LEAVING OFFICE STATE CANDIDATE STATE  NITIAL STATEMENT NITIA	T: Date on which you assumed office or began employment in this position  wenty (20) working days after this date disclosing financial interests held during the preceding calendar year.  NT: You are required to file not later than January 31 of each year disclosing all financial interests held during the  TATEMENT: You are leaving or have left your office on and must not en (10) working days of that date. You must disclose financial interests held during the preceding calendar year.
	CANDIDATE STATE disclosing interests h	<b>EMENT:</b> You must file no later than ten (10) working days after the deadline for filing as a candidate for office eld during the calendar year preceding the due date of the statement.
		VERIFICATION
l knowledg	declare that I have ge the information pr	used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 through 9, and to the best of my ovided in this form is true and correct.
Date	1/10	_, 20 14 . Signature Dous Ono

#### **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

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A. Less than \$1,000	E. \$50,000 - \$99,999	1. \$300,000 - \$399,999	м. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 <b>-</b> \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 <b>-</b> \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600.000 - \$699.999	P. At least \$1,000,000

1. INCOME. Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None	Additional sheets attached
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Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	City & County of Honol⊯	Assistant Director	1/1-12/31/2013	F
F	HGEA/AFSCME	Retiree	1/1-12/31/2013	D
SP	City & County of Honol	Private Secretary II	1/1-12/31/2013	E
SP	HGEA/AFSCME	Retiree	1/1-12/31/2013	В

<sup>&</sup>quot;F" for filer

<sup>&</sup>quot;SP" for spouse

<sup>&</sup>quot;DC" for dependent children

<sup>&</sup>quot;JT" for joint interests of the filer and filer's spouse

Additional sheets attached				
bt Creditor	Orig	inal Loan Amount	Amount Outstanding	
Wells Fargo		К	К	
0% or more of ownership of bus	inesses incorporated, regu	lated, or licensed to carry o	on business in Hawaii. Do not report	
Additional sheets attached				
Owner(s)  Business Name and Address		Percentage of Inter	est Value of Interest	
		•		
	Wells Fargo  TERESTS IN BUSINESSES II 0% or more of ownership of bus or state regulated financial inst sclosed under this item.  Additional sheets attached  Business Name and	Wells Fargo  TERESTS IN BUSINESSES IN THE STATE. Only reports of ownership of businesses incorporated, regular regulated financial institutions, mutual insurance sclosed under this item.  Additional sheets attached  Business Name and	Wells Fargo K  TERESTS IN BUSINESSES IN THE STATE. Only report ownerships or beneficia 20% or more of ownership of businesses incorporated, regulated, or licensed to carry corrected regulated financial institutions, mutual insurance policies, or individual item acclosed under this item.  Additional sheets attached  Business Name and	

4. <b>OWNERSH</b> licensed to	carry on business in	TRANSFERRED. Only report transfers of ownerships Hawaii. nal sheets attached	s or interests in businesses in	corporated, regulated, o
Own	nership or Interest	Date of Transfer		
organizatio	n, whether or not op	ary positions include, but are not limited to, officerships, erated for profit. Fiduciary positions also include be duciary positions in non-profit corporations.		
✓ No		nal sheets attached		
Position	Holder	Name & Address of Business or Organization	Term of Office	Annual Compensation

 ✓ None	ditional shee	ets attached					
Holder		Name & Address of Business		Nature of Business		Value	
						•	
 CLIENTS PERSONALLY REPRESENTED BEFORE CITY AGENCIES. Only report representation for which you received compensation the preceding calendar year. Do not report representation involving ministerial matters. "Ministerial matters" do not require discret authority and do not need to be disclosed.							
the preceding calendar year	r. Do not re	port representation invol	CIES. Only report ving ministerial n	t representation for wh natters. "Ministerial	nich you r matters"	eceived compensation do not require discre	
the preceding calendar yea authority and do not need to	r. Do not re	eport representation invol ed.	CIES. Only report	t representation for wi natters. "Ministerial	nich you r matters"	eceived compensation do not require discre	
the preceding calendar yea authority and do not need to	r. Do not re be disclose	eport representation invol ed.	ving ministerial n	t representation for when atters. "Ministerial "Ministeri	matters"	eceived compensation do not require discre	
 the preceding calendar yea authority and do not need to None Add	r. Do not re be disclose	eport representation involud. ets attached	ving ministerial n	natters. "Ministerial	matters"	do not require discre	
 the preceding calendar yea authority and do not need to None Add	r. Do not re be disclose	eport representation involud. ets attached	ving ministerial n	natters. "Ministerial	matters"	do not require discre	
 the preceding calendar yea authority and do not need to None Add	r. Do not re be disclose	eport representation involud. ets attached	ving ministerial n	natters. "Ministerial	matters"	do not require discre	

reasonable ma	nner, such as assesse	ed value. neets attached				
Owner(s)	Tax Map I	Key Number & Stree	t Address	Value	Year Obtained	
JT	(1) 2-2-33-53 103 Rosebank Place			N	1983	
				the City and County of Honolulu ess than the value (as in the cas		
<b>✓</b> None	Additional sh	neets attached				
Seller/Donor	Buyer/Donee Date		Price	Tax Map Key Numbe	& Street Address	
				·		